PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



2022 \$

С	OR FISCAL YEAR BEGINNING 2022, ENDING	
Fede	eral Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)	
▶ Date	e of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)	
Name		
i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
Curren	ent Mailing Address (PO Box, number, street and apt. no)	
5 2	ant Hailing Address (FO Box, Hailiber, Screet and apt. 110)	
Currer	ent Mailing Address Line 2 (Apt No., Suite No., Floor No.)	
City or	or Town State ZIP Code + 4	
Fauria	Souther Name	
Foreig	gn Country Name Foreign Province/State/County	
		Do not write in this space.
Foreig	gn Postal Code	ME ►YE
TYP	PE OF ENTITY - Check the applicable box. ▶	Amended
	S Corporation Partnership Limited Liability Company Business Trust	Return ▶
CHE	ECK HERE - Check applicable box(es).	
	Name or address has changed First filing of the entity Inactive entity Final Return	510C Filed
	This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation	ı
This	s Form is used by PTEs that elect to remit tax on <u>all</u> members' shares of income.	
" 1	1. Number of members:	
Ä	a. Individual (including fiduciary) residents of Maryland ▶ c. Nonresident and resident entities	
STAPLE CHECK	 b. Individual (including fiduciary) nonresidents ► d. Others (see instructions) ► e. Total 	
APLE 7	2. Pass-through entity taxable income (See instructions).	
SI	Unistate entities also enter this amount on line 4 ▶ 2.	. 00
ALLO	OCATION OF INCOME	
Mult	tistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.)	
3a.	, , , , , , , , , , , , , , , , , , , ,	55
2,	Subtract this amount from line 2 and enter the difference on line 4 ▶ 3a.	. 00
3b.	Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result	
	on line 4. (If factor is zero, enter .000001)	
Entit	ity Tax Calculation	
4.	Pass-through entity taxable income allocable to Maryland	. 00
	NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d.	<u> </u>
	(Investment partnerships see Specific Instructions) (Check instructions)	

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NAME	FEIN	
5a.	Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss	
	percentage, if applicable)▶5a.	
5b.	Percentage of ownership by entity members shown on line 1c (or profit/loss percentage,	
	if applicable)	
5c.	Add Lines 5a and 5b	•
6.	Pass-through entity taxable income for individual members (Multiply line 4 by the	0.5
	percentage on line 5a.)	. 00
7.	Total Individual members' pass-through entity election tax (Multiply line 6 by 8%.) 7.	. 00
8.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage	
	on line 5b.)	. 00
9.	Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.) 9.	. 00
	Total pass-through entity election tax (Add lines 7 and 9.)	00
11.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶ 11.	00
12.	Pass-through entity election tax due (Enter the lesser of line 10 or line 11.)	. 00
13a.	Estimated tax paid with Form 510/511D and MW506NRS	. 00
13b.	Tax paid with an extension request on Form 510/511E	. 00
13c.	Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).)▶ 13c.	. 00
13d.	If amending, total payments made with original plus additional tax paid after original	
	was filed	00
13e.	Total payments and credits (Add lines 13a through 13d.)	00
14.	Balance of tax due (If line 12 exceeds line 13e, enter the difference.) ▶ 14.	. 00
15.	Overpayment (If line 13e exceeds line 12, enter the difference.)	00
15a.	If amending, prior overpayment (Total all refunds previously issued.)	00
16.	Interest and/or penalty from Form 500UPor	
	late payment interest	00
17.	Total balance due (Add lines 12, 15a and 16. Subtract line 13e.) ▶ 17.	00
	NOTE: The total tax paid on line 12 is to be reported either on the composite return or on	
	the returns of members. Nonresident entity and fiduciary members cannot file a composite	
	return or be included in the compos <mark>ite</mark> return filed by nonresident individual members.	
	(See instructions.)	
18.	Amount of overpayment from original return to be applied to estimated tax for 2023	
	(not to exceed the net of lines 15 minus 15a and 16.)	00
19.	Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total	
	from line 15.) (If amending subtract lines 15a and 16 from line 15.) ▶ 19.	00
DIRI	ECT DEPOSIT OF REFUND (see Instruction 9)	
	fy that all account information is correct and clearly legible. If you are requesting direct dep	posit of your refund, com-
plete	the following.	
	Check here if you authorize the State of Maryland to issue your refund by direct deposit.	
Г	Check here if this refund will go to an account outside of the United States.	
	Check here if this retaind will go to an account outside of the officed States.	
20a.	Type of account:	Checking Savings
		. 5 3-
20b.	Routing Number (9-digits):	
20c.	Account Number:	
20d.	Name as it appears on the bank account:	

NAME

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FEIN



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ADDITIONAL INFORMATION REQUIRED Address of principal place of business in Maryland (if other than indicated on page 1): ____ 1. 2. Address at which tax records are located (if other than indicated on page 1): _ 3. Telephone number of pass-through entity tax department: _ 4. State of organization or incorporation: _ 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return If "yes", indicate tax year(s) here: ______ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller If a multistate operation, provide the following: 8. Is this entity a multistate manufacturing corporation with more than 25 employees?..... SIGNATURE AND VERIFICATION Check here if you authorize your preparer to discuss this return with us. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Signature of general partner, officer or member Printed name of the Preparer/Firm's name Title Signature of preparer other than taxpayer (Required by Law) Street address of preparer or Firm's address City, State, ZIP Code + 4 Preparer's PTIN (Required by Law) Telephone number of preparer CODE NUMBERS (3 digits per line)

Make checks payable to and mail to:

Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



NAME FEIN Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.) Column 2 Column 3 NOTE: Rental/leasing companies, financial institutions, Column 1 **TOTALS WITHIN DECIMAL FACTOR** transportation companies, and worldwide headquartered **TOTALS WITHIN** (Column 1 ÷ Column 2 AND WITHOUT companies see instructions on Special Apportionment. **MARYLAND MARYLAND** rounded to six places) 1. Receipts a. Gross receipts or sales less returns and allowances d. Gross rents..... f. Capital gain net income g. Other income (Attach schedule.)..... h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula. 2. Property a. Inventory e. Other tangible assets (Attach schedule.) . f. Rent expense capitalized (multiply by eight) g. Total property (Add lines 2a through 2f, a. Compensation of officers 3. Payroll b. Other salaries and wages c. Total payroll (Add lines 3a and 3b, for 4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor Check here if special apportionment or alternative apportionment formula is used.

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

So	ocial Security Number and name of member	Address	hei Mary	eck re if rland:	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
<u> </u>			Resident	Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
2							
3				,			
4							You must file
5							Form 511
6							electronically
7							to pass on
8							
9							business tax
10			7				credits from
11							Form 500CR
12							and/or Form
13							502S to your
14	_						members.
15							
16							
\vdash	SUBTOTAL fr	 om additional Form 511 Sched	ule B	for in	dividual members		
					TOTAL:		

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FFIN
	1 - 1111

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification nber and name of estate or trust	Address	hei	eck re if land:	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
1				Resident			
2							
3							
4							You must file
5							Form 511
6							olo stronian II.
7							electronically
8							to pass on
9				V			business tax
10			Y				credits from
11							Form 500CR
12		A					and/or
13							
14							Form 502S to
15		▼					your members.
16							
10	SUBTOTAL f	rom additional Form 511 Sche	dule E	for fi	duciary members		
					TOTAL:		

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN	

PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification umber and name of Pass- Through Entity	Address	Nonre Ent	mber a sident tity	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			YES	NO	(See Histi decions.)	(See Histi uctions.)	(See Instructions.)
1							
2							
3							
4							You must file
5							Form 511
6							
7							electronically
8							to pass on
9							business tax
10							credits from
							Form 500CR
11				ĺ	· · · · · · · · · · · · · · · · · · ·		TOTHI SOUCK
12				[and/or
13				(Form 502S to
14	<u> </u>						your members.
15							, our members.
16							
	SUBTOTAL from additional Form 511 Schedule B for PTE members TOTAL:						

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FFIN

PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

Fede	eral Employer Identification Number and name of	Address	Nonre En	mber a	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
	Corporation		YES	NO	(See Histi uctions.)	(See Instructions.)	(See Histiactions.)
1							
2							
3							
4							You must file
5							Form 511
6							electronically
7							_
8							to pass on
9				V			business tax
10			Y				credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							
15							your members.
16							
	SUBTOTAL fro	l om additional Form 511 Sched	ule B	for co	rporate members		
TOTAL:							